



**RULE 63 (37 C.F.R. 1.63)
INVENTORS DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REMOTE SYNCHRONIZATION IN PACKET-SWITCHED NETWORKS

the specification of which (check applicable box(es)):

- ☐ is attached hereto
☒ was filed on August 22, 2003h as U.S. Application Serial No.
☐ was filed as PCT International application No. on
 and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number

Country

Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number

Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below.

Prior U.S./PCT Application(s):

Application Serial No.

Day/Month/Year Filed

Status: patented
pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby ask that all correspondence in this matter be directed to:

Customer Number: 23117

- Inventor's Signature: Thomas Kallstenius Date: 2003.09.01
 Inventor: Thomas Kallstenius Sweden
 (first) MI (last) (citizenship)
 Residence: (city) Stockholm (state/country) Sweden
 Mailing Address: Swedenborgsgatan 24, Stockholm, Sweden
 (Zip Code) 118 27
- Inventor's Signature: _____ Date: _____
 Inventor: _____
 (first) MI (last) (citizenship)
 Residence: (city) _____ (state/country) _____
 Mailing Address: _____
 (Zip Code) _____

[] See attached sheet(s) for additional inventor(s) information!!

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| | | |
|----|---------------------------------|-----------------------|
| 3. | Inventor's Signature: _____ | Date: _____ |
| | Inventor: _____ | |
| | (first) MI (last) (citizenship) | |
| | Residence: (city) _____ | (state/country) _____ |
| | Mailing Address: _____ | |
| | (Zip Code) _____ | |
| 4. | Inventor's Signature: _____ | Date: _____ |
| | Inventor: _____ | |
| | (first) MI (last) (citizenship) | |
| | Residence: (city) _____ | (state/country) _____ |
| | Mailing Address: _____ | |
| | (Zip Code) _____ | |
| 5. | Inventor's Signature: _____ | Date: _____ |
| | Inventor: _____ | |
| | (first) MI (last) (citizenship) | |
| | Residence: (city) _____ | (state/country) _____ |
| | Mailing Address: _____ | |
| | (Zip Code) _____ | |
| 6. | Inventor's Signature: _____ | Date: _____ |
| | Inventor: _____ | |
| | (first) MI (last) (citizenship) | |
| | Residence: (city) _____ | (state/country) _____ |
| | Mailing Address: _____ | |
| | (Zip Code) _____ | |

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.